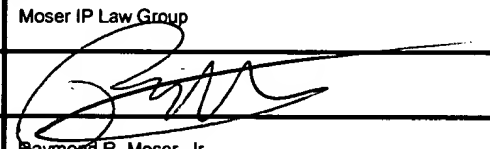
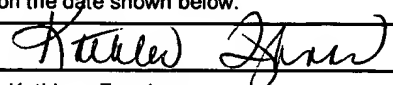
	Application Number		09/954,715
	Filing Date		9/12/01
	First Named Inventor		Tseng
	Art Unit		2128
	Examiner Name		A. Saxena
Total Number of Pages in This Submission		Attorney Docket Number	
		16503-302504 (VD/017C10)	

ENCLOSURES (check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) ____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): 5 sheets replacement drawings (Figs. 65-69) Return Receipt Postcard
Remarks It is believed that no additional fee is required in this Response. If I am mistaken and a fee is due, please charge the fee to Deposit Account 50-3562.		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm	Moser IP Law Group		
Signature			
Printed Name	Raymond R. Moser, Jr.		
Date	September 15, 2005	Reg. No.	34,682

CERTIFICATE OF TRANSMISSION/MAILING			
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.			
Signature			
Typed or printed name	Kathleen Faughnan	Date	9/15/05

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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IN THE UNITED STATES
PATENT AND TRADEMARK OFFICE

PATENT APPLICATION

Applicant: **Tseng et al.** Case: **16503-302504 (VD/017C10)**
Serial No.: **09/954,715** Filed: **September 12, 2001**
Examiner: **Saxena, Akash** Group Art Unit: **2128**
Confirmation: **8847**
Title: **COMMON SHARED MEMORY IN A VERIFICATION SYSTEM**

Mail Stop: Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

S I R:

RESPONSE TO OFFICE ACTION DATED JUNE 15, 2005

In response to the Office Action dated June 15, 2005, having a shortened statutory period for response set to expire on September 15, 2005, please enter this response and reconsider the claims pending in the application for reasons discussed below. Although the Applicants believe that no fee is due in connection with this response, the Commissioner is hereby authorized to charge counsel's Deposit Account No. 50-3562 for any fees, including extension of time fees or excess claim fees, required to make this response timely and acceptable to the Office.

Appendix: Amended sheets of drawings including FIGS. 65-69 are attached to this paper.

